



## Agreement to Participate in the Low Ropes/Challenge Course; Assumption of Risk and Release of Liability Form

(page 1 of 2)

**Please read before completing and signing both sides of this form.**

Whereas, the undersigned ("participant") wishes to be accepted for participation in a Challenge Course activity to be organized and conducted by Camp Chippewa, of Ottawa, Kansas; a Summer Camp and Retreat Center owned and operated by the Kansas East Conference United Methodist Church Board of Trustees; and in consideration of Camp Chippewa's action in allowing the applicant to participate in such activity:

The undersigned acknowledges that during the said activity that the participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and being at various heights (ground to 10'), accident or illness in remote places without immediate medical facilities, and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the activity.**

In consideration of, and as part payment for the right to participate in this activity and the services arranged for me by Camp Chippewa and its staff, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the activity which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my participation in this activity arranged for me by Camp Chippewa and its staff. In short, I cannot sue the Kansas East Conference UMC, KEC Board of Trustees, KEC agencies and entities, personnel, clergy, employees, volunteers, Camp Chippewa or its staff and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against Camp Chippewa. I also state that I am not under, and will not be under the influence of any chemical substance, including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this activity is entirely VOLUNTARY. I enter into this activity and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

\_\_\_\_\_  
Name of Participant (Please print)

\_\_\_\_\_  
Signature of Participant (18 years and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18 years of age)

\_\_\_\_\_  
Date

# Health Statement

(page 2 of 2)

**Please read before completing and signing both sides of this form.**

The proposed activity provided by Camp Chippewa requires participation in physical exercises which are, by their nature, physically demanding. Some of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical conditions will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Gender \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Age \_\_\_\_\_

In an emergency notify: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Health History:** Information that we should be aware of for you to participate in this activity.  
(Circle the appropriate answer and describe any **YES** answers.)

Have you had or do you currently have any heart problems (dates): YES NO

\_\_\_\_\_ YES NO

Has a doctor ever told you that you have high blood pressure: YES NO

\_\_\_\_\_ YES NO

Are you a smoker: \_\_\_\_\_ YES NO

Do you have arthritis joint or back problems that might be aggravated  
by exercise: \_\_\_\_\_ YES NO

Is there any other health related information we need to know before you  
participate in this activity: YES NO

\_\_\_\_\_

\_\_\_\_\_

## Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities.

I hereby give permission to the medical personnel selected by Camp Chippewa to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging transportation if Camp Chippewa, or its agents, determine that such transportation is necessary or desirable. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_